

DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: Procede de Purification de l'Acrolein

described and claimed in international application number PCT/FR03/00454 filed February 12, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

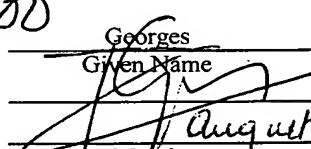
Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French Patent Application No. 02.01686 filed February 12, 2002.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	<u>1-00</u> <u>Georges</u> Given Name			<u>GROS</u> Family Name
2	Inventor's Signature:				
3	Date of Signature:	<u>August</u> Month	<u>25</u> Day	<u>2004</u> Year	
	Residence:	<u>Antony</u> City	<u>FRX</u> State or Province	<u>FRANCE</u> Country	
	Citizenship:	<u>French</u>			
	Post Office Address:	<u>25 rue de Jubilé</u>			
	(Insert complete mailing address, including country)	<u>92160 Antony FRANCE</u>			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

(Discard this page in a sole inventor application)

1 **Typewritten Full Name
of Joint Inventor**

Patrick
Given Name

Middle Initial

REY
Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

July
Month

27
Day

2004
Year

Residence:

Lyon
City

State or Province

FRANCE
Country

Citizenship: French

Post Office Address:
(Insert complete mailing
address, including country)

50 rue Tête d'Or
69006 Lyon FRANCE

1 **Typewritten Full Name
of Joint Inventor**

Michel
Given Name

Middle Initial

GARRATT
Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

July
Month

27
Day

2006
Year

Residence:

Charly
City

State or Province

FRANCE
Country

Citizenship: French

Post Office Address:
(Insert complete mailing
address, including country)

874 route du Bas Privas
69390 Charly FRANCE

1 **Typewritten Full Name
of Joint Inventor**

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:
(Insert complete mailing
address, including country)

1 **Typewritten Full Name
of Joint Inventor**

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:
(Insert complete mailing
address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.